

Mar. 26, 2004 11:33AM

WILSON SONSINI

No. 0734 P. 2

Please type a plus sign (+) inside this box → +

Approved for use through 09/30/2000. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/003,910
		Filing Date	November 1, 2001
		First Named Inventor	Adams
		Group/Art Unit	3762
		Examiner Name	Scott M. Getzow
Total Number of Pages in This Submission	2	Attorney Docket Number	29912-704.201

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Version with Markings Showing Changes	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Associate Power of Attorney	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual name	James R. Shay, Reg. No. 32,062, WILSON SONSINI GOODRICH & ROSATI		
Signature			
Date	3/22/04	Customer Number:	021971

CERTIFICATE OF TRANSMISSION UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office (Facsimile No. 703-872-9306) on March 26, 2004.

Typed or printed name	Tami O'Bryant		
Signature			
	Date	3/26/04	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Mar. 26, 2004 11:33AM

SON SONSINI

W&G Wilson Sonsini Goodrich & Rosati
PROFESSIONAL CORPORATION

No. 0734 CENTRAL FAX CENTER
P.T.
MAR 26 2004

BB
OFFICIAL

Date: March 26, 2004

To: Commissioner for Patents

Fax: 703-872-9306

Use this fax
number only

Company: U.S. Patent and Trademark Office

Phone:

Notify recipient
before sending

From: James R. Shay

Phone: 650-320-4840

Return Fax: 650-493-9300

Original: To follow via mail To follow via courier To follow via email Original will not follow

Fax Contains: 3 pages (including this sheet). If incomplete, call 650-461-6517.

Application Number	10/003,910
Filing Date	November 1, 2001
First Named Inventor	Adams
Group/Art Unit	3762
Examiner Name	Scott M. Getzow
Attorney Docket Number	29912-704.201

Attached to this cover sheet are the following documents submitted in the above-identified patent application:

1. Transmittal Form (SB/21); and
2. Associate Power of Attorney (1 page)

Ref. 29912-704.201

Return Original to: Tami O'Bryant

Location: FH 1-2-P12

650 Page Mill Road, Palo Alto, CA 94304-1050 • 650.493.9300 Tel • 650.493.6811 Fax • www.wsg.com

This fax may contain confidential and privileged material for the sole use of the intended recipient. Any review or distribution by others is strictly prohibited.
If you are not the intended recipient please contact the sender and destroy all copies.

Entire Transmission Copyright © 2003 Wilson Sonsini Goodrich & Rosati. All Rights Reserved.

PAGE 1/3 * RCVD AT 3/26/2004 2:31:35 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-1/1 * DNS:3729306 * CSID:650 493 6811 * DURATION (mm:ss):01:44

Practitioner's Docket No.: 29912.704.201

PATENT

B3
#10
6-16-01
TCASSOCIATE POWER OF ATTORNEY UNDER (37CFR 1.34)

The undersigned ASSIGNEE of the entire interest in:

- U.S. Patent No.
 U.S. application no. 10/003,910, filed on 11/1/01.

Please recognize as Associate Attorneys in this case:

Attorney Name	Reg. No.	Attorney Name	Reg. No.
Vern Norvid	32,483	Scott Morris	43,818
James Shay	32,062	Maya Skrbatch	52,505
Michael Barclay	32,533	Nicole Fortuné	52,905
Michael Murphy	37,404	Shirley Chen	44,608
U.P. Peter Eng	39,666	Julie Holloway	44,769
Konta Suzanne	45,145	Kevin Sim	43,110
George Willman	41,378	Michael Punepucci	37,203
Anie Roche	50,512		

and all Wilson Sonsini Goodrich & Rosati attorneys registered to practice before the United States Patent and Trademark Office and associated with customer number 021971.

The following evidentiary documents establish a chain of title from the original owner to the Assignee:

the Assignment recorded at reel 012358, frame 0635.

Pursuant to 37 C.F.R. § 3.73(b) the undersigned Assignee hereby states that evidentiary documents have been reviewed and hereby certifies that, to the best of ASSIGNEE's knowledge and belief, title is in the identified ASSIGNEE.

Direct all correspondence and telephone calls to:

Name	James R. Shay					
Address	Wilson Sonsini Goodrich and Rosati					
Address	650 Page Mill Road					
City	Palo Alto	State	CA	Zip	94304	Customer No.: 021971
Country	USA	Telephone	(650) 493-9300	Fax	(650) 493-6811	

ASSIGNEE: Cardiac Dimensions, Inc.

Name: Kirti Kamdar
Print: Signature: Title: V.P., R&DDate: 2/27/04